



## PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)

8/15/2013

AGENCY <b>PROFESSIONAL INSURORS, LLC</b> 7301 N. Broadway Suite 200 Oklahoma City OK 73116	PHONE (A/C, No, Ext) (405) 843-9191	MISCELLANEOUS INFO (Site & location code)	DATE OF LOSS AND TIME 5/31/2013 12:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	PREVIOUSLY REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO
FAX (A/C, No) (405) 843-9190	E-MAIL ADDRESS <b>cmiller@pi-ins.com</b>	POLICY TYPE PROP/ HOME FLOOD WIND	COMPANY AND POLICY NUMBER CO <b>Aspen Specialty Insurance</b> POL <b>PRAAJM212</b>	NAIC CODE	POLICY DATES EFF 8/20/2012 EXP 8/20/2013
CODE 350249	SUB CODE				EFF EXP
AGENCY CUSTOMER ID 00003864					

INSURED		CONTACT	
NAME AND ADDRESS OF INSURED <b>Charles A Shadid, Individual</b> 1901 Classen Boulevard Oklahoma City OK 73106		DATE OF BIRTH	NAME AND ADDRESS <b>Charles A Shadid</b>
RESIDENCE PHONE (A/C, No)		SOC SEC # OR FEIN	
BUSINESS PHONE (A/C, No, Ext) (405) 525-6671			
CELL PHONE (A/C, No)	E-MAIL ADDRESS	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext) (405) 525-6671
NAME AND ADDRESS OF SPOUSE (IF APPLICABLE)		DATE OF BIRTH	CELL PHONE (A/C, No)
		SOC SEC # OR FEIN	E-MAIL ADDRESS
		WHERE TO CONTACT	WHEN TO CONTACT

## LOSS

LOCATION OF LOSS 00008 Lakeshore SC - see spreadsheet Oklahoma City OK 73132	POLICE OR FIRE DEPT TO WHICH REPORTED
KIND OF LOSS <input type="checkbox"/> FIRE <input type="checkbox"/> THEFT <input type="checkbox"/> LIGHTNING <input type="checkbox"/> HAIL <input type="checkbox"/> FLOOD <input type="checkbox"/> WIND <input checked="" type="checkbox"/> OTHER (explain) <b>Storm Damage</b>	PROBABLE AMOUNT ENTIRE LOSS
DESCRIPTION OF LOSS & DAMAGE (Use separate sheet, if necessary) <b>Lakeshore Shopping Center, 5821-5825 W Wilshire and 7902-7930 N MacArthur, Oklahoma City, OK 73132- Storm damage</b>	

## POLICY INFORMATION

MORTGAGEE <input type="checkbox"/> NO MORTGAGEE								
HOMEOWNER POLICIES SECTION 1 ONLY (Complete for coverages A, B, C, D & additional coverages. For Homeowners Section II Liability Losses, use ACORD 3.)								
A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	DEDUCTIBLES	DESCRIBE ADDITIONAL COVERAGES PROVIDED			
					ON			
<input type="checkbox"/> COVERAGE A. EXCLUDES WIND								
SUBJECT TO FORMS (Insert form numbers and edition dates, special deductibles)								
FIRE, ALLIED LINES & MULTI-PERIL POLICIES (Complete only those items involved in loss)								
ITEM	SUBJECT OF INSURANCE	AMOUNT	% COINS	DEDUCTIBLE	COVERAGE AND/OR DESCRIPTION OF PROPERTY INSURED			
	<input checked="" type="checkbox"/> BLDG <input type="checkbox"/> CNTS <b>X Business</b>	105,824	0	25,000	Special form			
	<input checked="" type="checkbox"/> BLDG <input type="checkbox"/> CNTS <b>X Wind or</b>		0	50,000	Wind or Hail			
	<input type="checkbox"/> BLDG <input type="checkbox"/> CNTS							
SUBJECT TO FORMS (Insert form numbers and edition dates, special deductibles)								
FLOOD POLICY	BUILDING	DEDUCTIBLE	ZONE	PRE FIRM	DIFF IN ELEV	FORM TYPE	GENERAL	CONDO
	CONTENTS	DEDUCTIBLE		POST FIRM			DWELLING	
WIND POLICY	BUILDING	DEDUCTIBLE	CONTENTS	ZONE	FORM TYPE	GENERAL	CONDO	
						DWELLING		

REMARKS/OTHER INSURANCE (List companies, policy numbers, coverages &amp; policy amounts)/NY ONLY PREVIOUS ADDRESS OF INSURED &amp; WIFE'S MAIDEN NAME

CAT #	FICO #	ADJUSTER ASSIGNED	SIGNATURE OF INSURED	SIGNATURE
			<b>Charles Shadid</b>	<b>Kelly W/Jason</b>

EXHIBIT

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